DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. COUNTY a. STATE b. COUNTY Garrett P.M.3. Page MARYI AND Maryland Garrett deloy and 3 t b. CITY OR TOWN (If autside carporote limits, write RURAL and give negrest tawn) c. CITY OR TOWN (If outside corparote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b Oakland Oakland vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A EARM? d. STREET ADDRESS Examiner's Office olong with farm 217 E. Green St. E. Green St. in Item 18. Give Poges NO X NAME OF Middle First 4. DATE Manth Year DECEASED William Brent Brown DEATH March 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthday) Manths Doys Hours White Male May 2, 1895 WIDOWED DIVORCED in any event within 72 hours after deoth 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Driller COUNTRY? INDUSTRY Weston, W. Va.

14. MOTHER'S MAIDEN NAME Crude USA pencil 13. EATHER'S NAME be executed within (unk. Brown Florence Brown = 15. WAS DECEASED EVER IN U.S. ARMED EORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. word "pending" i the Chief Medical (Yes, no, or unknawn) (If yes give war ar dotes of service) 236-12-9308-A Mrs. Pearl Brown no above INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary thrombosis Sudden IMMEDIATE CAUSE (o) \_ This certificate should writing the word DUF TO Arteriosclerosis, generalized Canditians, if any, which gove Years rise to immediate cause (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, NO X 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should cremotion, or PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Not While Hour o.m. foctory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page of work 21. I certify That I took charge of the remains described obove, held on Autopsy , Inspection x, Inquiry x, ond in my opinion Notural couses X. Accident Suicide . Homicide . Undetermined monner deoth resulted from: funerol director. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior 3-19-67 DEPUTY MEDICAL EXAMINER H. Feaster, Jr., M. D. NAME (Type) James Address (Street, city, town, or county) Oakland. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 50 REMOVAL (Specify) 3-22-67 Butcher Cemetery Weston 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) Munico Oakland, Maryland MAR 2 2 1967 6M 1/67

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours aften TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03628			CERTIFICAT	E OF DEATH	1	noke i, mai	3699	
1.	PLACE OF DEAT a. COUNTY GARR	भ		MARYLAND	2. USUAL RESIDENCE a. STATE MARYTAN		If institution: Reside	/	on)
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		. and give nearest tow I.AND	n)	6 YEARS	FLINTS	TONE		2	
-			N (if not in	hospital, give street address)	d. STREET ADDRESS	TONE	01-	e. IS RESIDENCE	CE
				mospitally give sureet addition				ON A FARM?	?
-		ST NURSING			RT # 2			YES NO	1
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE N	Month [	Day Year	
	(Type or print)	CORN		IDELLA	BROWNING		ARCH -	11 1967	
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ars   IF UNDER 1 YE	AR IF UNDER 24 HE	
	FEMALE	WHITE	WIDOWE	DIVORCED T	OCTOBER 24.1	869 97 yr		ys Hours Min	n.
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-	HOUSEW		"	mooght	ALLEGANY	, MARYLAND	USA	INT	
13	3. FATHER'S NAM	1E			14. MOTHER'S MAIL	DEN NAME	COAR		_
1	TIPT	ON BROTEMAR	KTE		MARGARE	T SIMONS			
1	5. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16	. SOCIAL SECURITY NO.   17.	INFORMANT		ddress		
10	NO NO	(If yes give war or dates o	( service)	NONE ET	HEL STONESTR	דום בשתם חיווים	TMEGRONE	ım	
-		DEATH (Enter only on	Cauca nor	line for (a), (b), and (c).]	TEP STONESTU	THE RITE PI	LINTSTONE,	NTERVAL BETWEEN	NI.
		EATH WAS CAUSED BY	-				C	DISET AND DEATH	ì
	101 2	IMMEDIATE CAUSE	(a) Met	astatic carcin	oma		3_	mos.	
	1913	DUE							
	Conditions, If		(b) Carc	inoma of face			3	mos.	
1	gave rise to cause (a), s		то						
	underlying caus	a total	(c)				-13-4		
No.	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIB	UTING TO DEATH BUT NOT REL	TED TO THE TERMINAL O	DISEASE CONDITION GIVE	N IN PART 1(a)   1	19. WAS AUTOPSY	Y
CAT	Arter	iosclerosis						PERFORMED?	_
CERTIFICATION	20a ACCIDENT	WAS LINDERLYING	1 20b.	DESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of	Injury in Part I or Part		TES   NO D	7
E	OR CONTRIBUT	ING CAUSE OF DEATIFY MEDICAL EXAMIN	H	Page 11011 Indian Court	MILES (Eliter Haters of	injury in ruit roi ruit	11 01 110111 2017		
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ME	p.i		at wo						
	21. Vcertif	y that (I) (this hosp	ital) attend	ded the deceased from 1	960 . 19	9 p., to 3-11-6	7	that (I) (me) la	st
		ceased alive on_3		19and tha	death occurred at	230M, from the cau	ses and on the	date stated abov	/e.
	22a. SIGNATU		-				22b. DATE		_
	Lan	- 4	Lend	M.I	ATTENDING E	MED. STAFF DIRECTOR PHYS.	7 3-11-	-67	
1	27c. PHYSICIA	AN'S		, m.a	22d. ADDRESS	DIRECTOR THTO:			_
Y	NAME (T	James H.	Feast	er, Jr., M. D.	104 S. 2n	d. St., Oakl	and, Md.		
23		IATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (Cit	y, town or county	) (State)	=
	BURIAT.	ecity) . 3/1J	167	HILLCREST BU	PTAT DADY	ALLEGAN	. MARYL	ND	
2	4. FUNERAL DIR		101	ADDRESS		C'D BY REGISTRAR   25b	. REGISTRAR'S SI		
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MARYLAND STATE DEPARTMENT OF HEALTH Item #3 Film #G387 1710 67 DC MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Garrett o. STATE b. COUNTY MARYLAND Garrett Department c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Kitzmiller Oakland Minutes
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Mimites e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO TX YES in Item 18. Give Pages (DOA) Garrett Co. Mem. Hospital
3. NAME OF First death. Middle 4. DATE Month Year DECEASED OF 1967 Arthur Burgess March 30th. (Type or print) DEATH S. SEX AGE (In years 6. COLOR OR RACE NEVER MARRIEO 7. MARRIEO -00 last birthday) 48 yrs. Months Days Hours WIDOWED DIVORCED August event within 72 hours ofter death lond 2 White 10a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A during most of working life, even if retired) INDUSTRY Hartsmanville, W. Va. Foreman Coal Mines 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles B. Burgess Sara Ann Mathews Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT be executed Medicol (Yes, no, ar unknown) (If yes give war or dates af service 216-03-5482 Marcelline Burgess Kitzmiller, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chast Vi nutas This certificate should writing the word DUE TO in any Conditions, if any, which gave rise to immediate cause (a), forwarded to OUE TO 0 stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removol. YES T NO the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY For CONTRIBUTING CAUSE OF DEATH. 4 should 0 cremotion, Mine accident at Buffalo Coal Co (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.). While at work Ruraldormania Garr at wark pleose execute 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x Inquiry DC and in my apinian FUNERAL DIRECTOR Accident R. Suicide Undetermined manner deoth resulted from: the funerol director. Notural causes Hamicide be retoined CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-30-67 DEPUTY MEDICAL EXAMINER Address (Street, city, town, or coun Oakland Garr. Mo. VDM James H. Feaster. Jr. M. D. 23b. OATE THEREO! (State) BURIAL CREMATION 50 2So. REC'D BY REGISTRAR VR A 15ME (5) Charles 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Garrett Maryland Garrett MARYLAND requires that the death certificate be executed within 24 hours after c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 10 hrs. 45 min. Kitzmiller Dakland and completely filled in remove corbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Garrett Co. Memorial Hospital Star Rt. Box 38 NO P YES Middle 4. DATE 3. NAME OF First Lost Month Doy Year DECEASED (Type or print) ST DEATH James (None) Clark. March B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours inform Male White Feb. 21, 1902 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT physician of please during mast af warking life, even if retired) COUNTRY? **INDUSTRY** Garrett, Pa. Disable steel worker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Ryan Clark May Dawson 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates af service) 215-05-2094Bessie M. Clark, Wife Kitzmiller. Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise ta immediate couse (a), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Nat While factory, street, affice bldg., etc.) at work at work 1967, to Mar. 13, 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 12 1967, and that death accurred a 5:45 MM ram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR clan PHYS 22d. ADDRESS Dr. Herbert H. Leighton Dakland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) .O.O.F. Cemetery Elk Garden, Minera PREMOVAL (Specify) Jar. 15/67 2Sa. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967

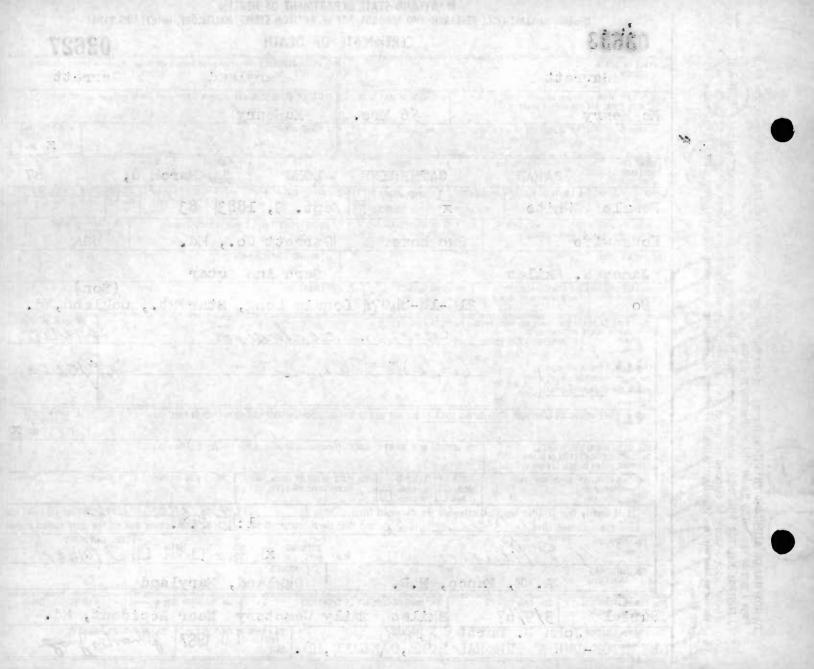
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

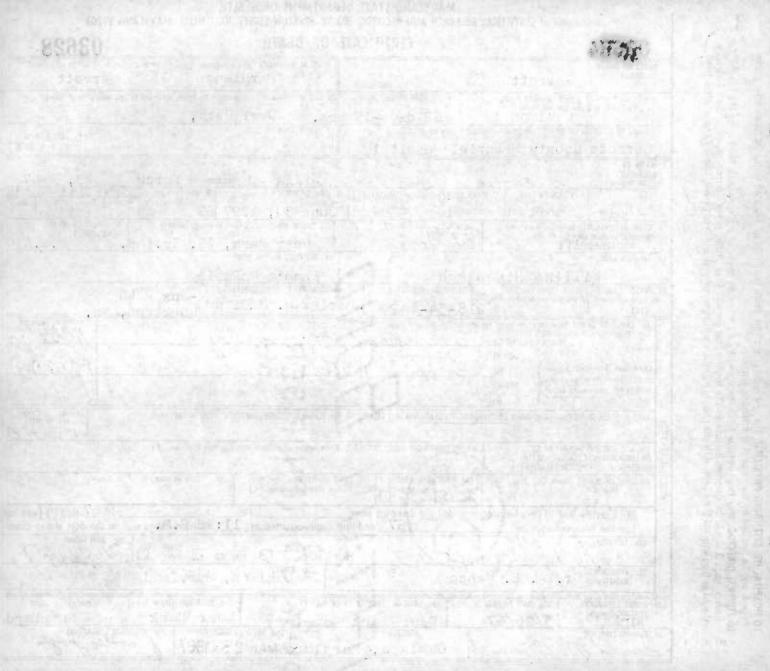
FOR STATE	P	03631	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	03625
HEALTH DEPT.	1.	PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if instit	
is on to		o. COUNTY Garrett	MARYLAND	o. STATE Maryland b. CO	Garrett
delay ond 3 M3. Pa		<ul> <li>b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
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n n Dep		d. NAME OF HOSPITAL OR INSTITUTION (If not in Star Route	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
after death. If any delay 8. Give Pages 1, 2, and 3 olong with farm PM3. Pa			10.10	Star Route	YES NO X
deal Pa with	3.	NAME OF First	Middle	OF	onth Doy Year
Give Portion	S.	(Type or print) Charles SEX 6. COLOR OR RACE 7.	Robert  MARRIED T NEVER MARRIED	King DEATH Marc  B. DATE OF BIRTH 9. AGE (In years	h 22 19 67 I IF UNDER 1 YEAR T IF UNDER 24 HRS
hours after death. Item 18. Give Page. Office along with food ond 2 with The State r death.				June 26, 1936 Jost birthdoy)	Months Days Hours Min.
hours Item 1 Office ond 2 r deoth	100	USUAL OCCUPATION (Give kind of work done	10h KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
24 h in Ite r's 0 r's 0 es 1o	du	ring most of working life, even if retired) Contractor	Building	McHenry, Maryland	COUNTRY? USA
within 24 pencil in cominer's le pages hours offe		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
d within in pencil in pencil is Exominer File page 2 hours o		Yost King		Nellie Bowman	
ed v in lin in Ex	1S (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown). If t was give wor or dates of se	prvice)		dress
nould be executed within 24 hours after death word "pending" in pencil in Item 18. Give Pag the Chief Medical Exominer's Office olong with riol-tronsit permit. File pages 1 and 2 with The Stoiny event within 72 hours ofter death.	У	es, no, or unknown) (If yes give wor or dotes of se		rs. Norma King see #	<sup>2</sup> 2 above
f M f wit p		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
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sho sho file of file file file file file file file fil	MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form, 20f. (City or town)	
MEDICAL EXAMINER: please execute the certification. Page 4 should effaired for your files.  DIRECTOR: Page 3 shourt to burial, cremation, o	ME	Hour 2016	While of work of work Ros	ctory, street, office bldg., etc.) (Rural) Os	akland Garr. Md
L EXA cecute Poge for you R: Page al, crem		21. I certify that I taak charge a	of the remains described abave, h	eld an Autapsy 🔲, Inspection 🛨 , Inc	quiry 🕱, and in my apinia
tor.		death resulted fram: Natural c	causes 🔲 , Accident 🔼 , Sui		manner 🔲
MEDICA Ilease ex director. etained birector.		ACTUAL X	J- X	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
N Pl		SIGNATURE COM W	dela -	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	3-22-67
DEPUTY MEDICAL EXAM ecessory, please execute the funeral director. Poge 4 may be retained for your FUNERAL DIRECTOR: Page eaith prior to burial, crema	2	EXAMINER'S NAME (Type) James H. Fe	aster. Jr. M.		
o DEPUTY necessory, the funeral 5 moy be r o FUNERAL Health prior	23	o. BURIAL CREMATION. 23b. DATE THEREC	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or	
5 = = 0		BMY 18 17 3/25/6	7 Garrett Co.		
VR A15ME (5)	J 12	4. FUNERAL DIRECTOR	D ADDRESS	250. REC'D BY REGISTRAR 25b	Clarles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH physician and campletely filled in by the fune ion please remove carban papers. Pages 1 or o. COUNTY o. STATE b. COUNTY Marvland Garrett Garrett MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give peacest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b 22 days-19 Hrs. Deer Park e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 Garrett County Memorial Hospital YES NO X 3. NAME OF Last 4. DATE Manth Ogy Year First DECEASED 19 67 March (Type or print) Carrie Madinan DEATH Map 9. AGE (In years IF UNOER 24 HRS IF UNDER 1 YEAR S SFX 8. OATE OF BIRTH 6 COLOR OR RACE 7. MARRIEO NEVER MARRIEO last birthday) Months Oavs Haurs June 30, 1897 Male White WIDOWFD OIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (County & State, or foreign country) 10b. KINO OF BUSINESS OR COUNTRY? during most of warking life, even if retired) Own Home Deer Park. (G. Co. (Md U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fannie McRobie William Hinebaugh Address 44 17. INFORMANT (Husband) 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. -Box (Yes, no, ar unknown) (If yes give wor or dates af service Charles H. Madioan 8-34 no Dakland. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 331X DHE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse the has been WAS AUTOPS' PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES O FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City ar town) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While TO HOSPITAL OR ATTENDING at wark at wark 19 67, that (1) (we) last be retained 22h DAPE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING unce M.O. PHYS **OIRECTOR** ADDRESS Dakland, Maryland 22d. 22c. PHYSICIAN'S NAME(Type) Dr. A. E. Mance 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify)
Burial Maryland Deer Park Deer Park Cemeterv 25b. REGISTRAR'S SIGNATURE 2Sa. REC'O BY REGISTRAR FUNERAL DIRECTOR Charles VR A15 (4) Oakland, MarylandoMAR 28



St. Michaels Cemetery

Lonaconing, Me.

Md

Frostburg

1967

2Sa. REC'D BY REGISTRAR

25b 25G STRAR'S SIGNATURE

REMOVAL (Specify)

George Eichhorn

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24. FUNERAL DIRECTOR

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L. John St. John		general entra 1.4
	March 19 Communication County	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03636 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence deo 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Maryland Allegany Garrett MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) within 72 hours Westernport 2 Yrs. Oakland Fill Street d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) 90 Cuppett-Weeks Nursing Home NO X YES 3. NAME OF Middle Last 4. DATE Month Doy Year please remave carban the attending physician and campletely sit permit. Then please remave carbar DECEASED Jess Albert Mi chael DEATH March (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** gazt birthday) Months Doys Hours White July 10, 1882 Male WIDOWED 20 DIVORCED and in any 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Burlington, W. Va. Coal Miner 13. FATHER'S NAME ar remaval, Mary K. Spurling Henry Michaels 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war or dotes of service) 215-10-8008 Paul E. Michaels -Westernport, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUF TO AMDING VASEVLAR Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH d, detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, affice bldg., etc.) Not While at work at wark , 1965 , to MARCH 6, 1967, that (I) (we) lost 21. I certify that (1) (this hospital) oftended the deceased from JUNE 3 shauld saw the deceased alive an TOARCH 5 1967. and that deoth occurred at M. fram causes and on the date stated above. 22b. DATE SIGNAD 220. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. PHYS. director, page should be filed 22d. ADDRESS PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL CREMATION REMOVAL (Specify) Westernport Md. Burial

24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 1 3 196 **ADDRESS** VR A15 (4) 20 M 1/66 Ellsworth Boa Westernport

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3. NAME OF DECEASED 5. SEX no cause last. CERTIFICATION MEDICAL VR A15 (4) 1SM 7-62

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY b. COUNTY Garrett Garrett Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h write RURAL and give nearest town) Mt. Lake Park Oakland mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? E St. Cuppett-Weeks Nursing Home YES NO K Middla 4. DATE Month Dev Yeer OF Ellen (Type or print) Cora Miller DEATH 3. March 1967 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Female WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) Own Home Housewife Maysville, W. Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schell Susan Sears 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (If yes give we ror detes of service Mrs. X Edith Bell Oakland. Md 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH VASCOLAR HERIDENT DUE TO MARIDOLED GEREGEAL ARTERIO SCLETLOSIS Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 201. (City or town) (County) (State) lectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 1966, to M, from the causes and on the date stated above. .....19.6..... and that death occurred at SIGNATUR ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION. (State) REMOVAL (Specify) Wonderly Cemetery Garrett Co. Maryland 24"FUNERAL DIRECTOR'S SIGNATUR Oakland.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03632 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) ysician and campletely filled in by the funeral please remove carban papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY Garrett MARYLAND ve carban papers. Pages 1 event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)

Crantsville c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Months Star Tannery. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES IN NO Goodwill Mennonite Nursing Home NAME OF 4. DATE Dov Year DECEASED (Type or print) 67 Northen Gohene Orndorff DEATH March 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Dec 1, 1876 White WIDOWED DIVORCED Male 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Star Tannery Virginia Retired Farmer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ceatta Brill Addison Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RFD #5 Winchest (Yes, no, or unknown) (If yes give wor or dotes of service) Cumberland, Md Mrs. Willis Robertson No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the YEARS TERIOS CHEROSIS WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use DETERMINED NO X URE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram and 29 , 1965, to march 4, 1967, that (1) (we) last saw the deceased glive on MARCH 2 1967, and that death occurred of M. fram couses and on the date stated abave. 22o. SIGNATURE **DATE SIGNED** STAFF PHYS. N M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S . MAIN ST-NAME (Type) Paige Strong M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 3/7/67 Union Cemetery Star Tannery (Fred) Virginia
REGISTRAR 25b. REGISTRARY SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley Judge H. Lee Silcox Cumberland Matyland 21502

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	DIVISION OF STATISTICAL RESEA	LAND STATE DE		OF HEALTH		AA A DVI	AND
	03639	CERTIFICAT			BALTIMORE	nakit.	633
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where decea		on: Residence	before admission)
	Garrett	MARYLAND	e. STATE Mar	yland	b. COUNTY Ga	rrett	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporet	e limits, write RURAL	end give nea	arest town)
	Oakland	13 yrs.	Oak	land		1/-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS				a. IS RESIDENCE ON A FARM?
	Rt. 1		Rt.	1 Box	405		YES NO X
3.	NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Dey	Year
-570-100			Pennington	DEATH	March	2,	19 67
5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED   8.	. DATE OF BIRTH		GE (In yeers   IF UND st birthday)   Month		Hours Min.
	Female   White   widows			927   3	9 yrs.		
10a	s. USUAL OCCUPATION (Give kind of work needuring most of working life, even if retirad)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Stete, or fore	ign country)   12.	CITIZEN OF	WHAT COUNTRY?
	Housewife Ov	vn Home	Cumberla	nd. Md.		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN				
	Clyde Sines		Mary K	immell			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		NFORMANT		Address	7,2	
	no    2]		ames Penni	ngton	see # 2	above	
	18. CAUSE OF DEATH  Enter only one ceuse per   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Metasta	tie 6	liobla	stoma	INTER	AND DEATH
	1930 DUE TO	11.	1 15	1/	1	1,	0 1
	Conditions, if any, which (b)	9/10ma,	LetT	HE misp	here o	7/	8 Months
	geve rise to immediate cause (a), stating the underlying DUE TO		7	? .	/		
	cause lest. (c)		1/	ham.			
NO	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN P	ART 1(a) 19.	WAS AUTOPSY PERFORMED?
CAT	AND THE EARLY SECTION					YES	s 🗌 но 🔲
CERTIFICATION	20b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	. (Enter neture of injury in	Pert I or Pert II of	item 18.)		
CAL			CE OF INJURY (Home, farrory, street, olfice bldg., etc.		town) (	County)	(Stete)
MEDICAL	Hour a.m. While		ory, street, office blog., etc	6.7			
	21. I certify that (I) (this hospital) atten	ded the deceased from	Aug 25	19.5.8 to	Mar 2	19.67 tha	it (I) (we) last
	saw the deceased alive on Mar 1						
	220. SIGNATURE	111			STAFF		22b. DATE
	thenkent the fee	ighter M.	Billion		PHYS.	3	Marby
	NAME (Type) HERBERT H. LEIC	SHTON, M.D.	Oak at Fi	if th C	akland, M	aryland	1 21550
23	B. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town or co	ounty)	(State)
	Burial 3/5/67	Oakland Ceme	etery	Oakla	nd M	aryla	nd
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25pg R	5'D BY REGISTRA	25b. OFFISTRA	R'S SIGNATU	RE
2	Tereld D. Minnigh	Oakland, Mar	cyland DATE	0 130	The state of the s	as Jun	7
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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03641	CERTIFICATE	OF DEATH		03635
1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE W. Va.	b. COUNTY Min	neral
b. CITY OR TOWN (If outside corporate limits, write RUE) and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporote  Keyser	limits, write RURAL and give	neorest fown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Cuppett-Weeks Nursi		d. Street address 240 Hughes St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)  NATHANIE		ALOR OF DEATH	Month  ACH  AGE (In veors   IF UNDER 1	Doy Year 14 1967 YEAR   IF UNDER 24 HRS.
Male White WID	OWED DIVORCED	Jan. 21, 1878	last birthdoy) Months yrs.	Doys Hours Min.
	10b. KIND OF BUSINESS OR Hardware	11. BIRTHPLACE (County & Stote, or fore  Mineral Co., W  14. MOTHER'S MAIDEN NAME	COU	ZEN OF WHAT NTRY? USA
Nathaniel Taylor  1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No	e)(	Deborah Tayl NFORMANT S. Myra Taylor,	Address	Va
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	ADVANCED CETTE			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  20. ACCIDENT WAS UNDERLYING  CONTRIBUTIONS  20. ACCIDENT WAS UNDERLYING  CONTRIBUTIONS  (IF LITHER NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELATED TO T 20b. DESCRIBE HOW INJURY OCCURRED. (			19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 p.m.	While of work Of work of work	ory, street, office bldg., etc.)	(City or town) (Coun	,,
21. I certify that (I) (this haspital) saw the deceased alive an 10 41	attended the deceased from	at death accurred atM,	fram causes and an the	_, that (I) (we) last e date stated above TE SIGNED
22c. PHYSICIAN'S E.I. BAUM	GATTUER	22d. ADDRESS 226E, ALDISQ	SP-OAKLAN	is Mp,
230. BURIAL, CREMATION, 23b. DATE THEREOF 3/17/67	23c. NAME OF CEMETERY OF C	int Cem. Ke	vser. W. Va	
24. FUNERAL DIRECTOR John 0. Dr. Leighton-Durst Fune	urst Appen Oakla	Durst 250. RECD BY REGISTRA	P67 25b REGISTRAR'S SIG	SNAUKE

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03642 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Resident o. COUNTY b. COUNTY PM3. Poge pages 1 and 2 with the State Department of Garrett MARYLAND Garret.t. deloy and 3 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Oald and c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park 2 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office along with farm Emergency Room Garrett Co. Mem. Hospital in Item 18. Give Poges NO X YES NAME OF 4. DATE Month Dov Year DECEASED Florence Svlvia Upole 22nd 1967 (Type or print) March DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours deoth. White WIDOWED X DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife **INDUSTRY** COUNTRY? afteg Jennings, Maryland
14. MOTHER'S MAIDEN NAME Home Own be executed within pencil 13. FATHER'S NAME Jessie Butler Rebecca Glotfeltv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) any event within 220-34-1634 Elmer Upole see #2 above 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Coronary thrombosis, acute Vinutes This certificate should writing the word Conditions, if ony, which gove (b) Coronary arteriosclerosis forworded to rise to immediate couse (a). DUE TO stoting the underlying couse QS 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described obove, held on Autopsy , Inspection X, Inquiry X, ond in my opinion deoth resulted from: Natural couses X. Accident Suicide . Homicide Undetermined monner funeral director. may be retained CHIEF MEDICAL EXAMINER Heofth prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY 3-22-67 necessary, DEPUTY MEDICAL EXAMINER TO NAME (Type) James H. Feaster, Jr., M. D. Address (Street, city, town, or county Dakland. Garrett, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 0 Pleasant Valley Cem. Garrett Co. Md 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Oakland, Maryland MAR 28

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Garrett Maryland Garrett c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Garrett MARYLAND deloy Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Oakland Oakland Minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS should be forwarded to the Chief Medical Examiner's Office olong with form Garrett Co. Mem. Hosp. N. 11th Street. YES NO X in pencil in Item 18. Give Poges the State be executed within 24 hours ofter death 3. NAME OF Middle 4. DATE Manth DECEASED Alfred DEATH March Charles Warren 16th IF UNDER 1 YEAR 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED 58 birthday) Haurs Male White June 7. 1908 any event within 72 hours ofter deoth WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? Soft coal Bayard, W. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mellie Mae Butts Harry A. Warren, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Widow) (Yes, na, ar unknown) (If yes give war or dates of service) pleose execute the certificate, writing the word "pending" Mrs. Charles A. Warren. Oakland. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushed chest IMMEDIATE CAUSE (a) \_\_\_ This certificate should DUE TO Conditions, if any, which gave Rock fall in coal mine accident rise to immediate cause (a), DUF TO stoting the underlying cause be used 19. WAS AUTOPS cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO IC 20o. EXTERNAL CAUSE WAS 3 should 8 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY or CONTRIBUTING Rock fall in Coal Mine. Alpine Coal Co., Bayard, W. Va. CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Coal Mine Haur a.m. While at wark may be retained far your FUNERAL DIRECTOR: Page Grant W. Va. 3:20 xxx 3-16-67 19 Bayard 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection X, Inquiry X, and in my apinian death resysted fram: Natural causes , Accident, Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Heolth prior DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Oakland Garrett Md. NAME (Type) James H. Feaster, Jr., M. D. 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 Oakland Cemetery Oakland. Garrett. Md. Sural 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John O. Durst VR ATSME (5) ocharles Judge Leighton-Dyrst Funeral Home, Oakland, Md. MAR 20